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Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
MADISON, WI 53703-3328
TELEPHONE: (608) 266-9760

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APPLICANT QUESTIONNAIRE AND AFFIDAVIT

____ Application For a Character and Fitness Certification (DIPLOMA PRIVILEGE) [SCR 40.03]

CHECK ONE: ____Marquette University Law School ____University of Wisconsin Law School

CHECK ONE: ____May 2004 Graduate ____August 2004 Graduate ____December 2004 Graduate

____ For Admission to the Practice of Law in Wisconsin by WISCONSIN BAR EXAMINATION [SCR 40.04]

CHECK ONE: ____February 2004 Bar Exam ____July 2004 Bar Exam

____I plan to type my examination. (File and submit Form BBE-119 with this application.)

____I will write my examination.

____I plan to request special accommodations. (File and submit Form BE-110 with this application.)

____I plan to transfer an MBE score from another jurisdiction.

____ For Admission to the Practice of Law in Wisconsin on PROOF OF PRACTICE ELSEWHERE [SCR 40.05]

[This application is valid for filing between September 1, 2003 and March 1, 2005.]

I have been primarily engaged in the active practice of law in the State of _____ for three years within the last five years prior to filing this application.

INSTRUCTIONS TO THE APPLICANT

Application deadlines are certain. Extensions will not be granted. Postmark dates are not recognized. Complete and file this original application (photocopies and other reproductions are not acceptable) at the Board of Bar Examiners office during regular business hours (7:45 a.m. - 4:30 p.m., Monday-Friday, except holidays). All questions must be answered--make your answers as specific as possible. If a particular question does not apply to you, write "not applicable" or check "N/A." If the space for any answer is insufficient, complete your answer on a separate attached and labeled sheet. Answers must be typewritten except for Question 35. A zip code must be provided for every address. Retain a copy of this application for your records.

1. (a) Full Name: _____
(first) (middle name) (last)

(b) Have you ever been known by any other name? Yes_____ No_____

If yes, _____
(first) (middle name) (last)

Provide an explanation and relevant dates for (b) above, attaching additional sheets if necessary. You must notify the Board in writing if your name changes at any time during the pendency of your application (see Information and Filing Instructions).

2. (a) Date of birth: ____/____/____ (mo. day yr.) (b) Sex: Male_____ Female _____

3. Telephone number at which you can be reached during the day: (_____)_____

4. Social Security #_____

5. Mailing address (including zip code):

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6. State every application filed and/or examination taken by you for admission to any bar, including Wisconsin. Include any applications subsequently withdrawn or still pending and provide an explanation for the withdrawal or pendency. Include all examination failures. **Answer parts (a) and (b).**

(a) Have you taken and/or applied to take any bar examination? ____ Yes ____ No

Examining Authority

Date of
Examination

Disposition
(passed, failed,
withdrew, pending, etc.)

(b) Have you ever applied for admission by motion (reciprocity) or diploma privilege in any jurisdiction (excluding this application)? ____ Yes ____ No ____

Admitting Authority

Date of
Application

Type of admission
(motion or diploma privilege)

Disposition
(approved, denied,
withdrew, pending, etc.)

7. (a) Name all jurisdictions and courts in which you have been admitted to practice law. ____ N/A
Answer parts (a) and (b).

Jurisdiction/
Court

Bar Number
(if applicable)

Exact Date of Admission
(month, day and year)

Current Status: State all that
apply (Good standing, active
member, inactive member, etc.)

- (b) Has your membership status in all jurisdictions listed under 7(a) been continuously that of an active member in good standing?

Yes No N/A

Explain a negative response.

8. Have you ever applied for any kind of a professional license other than as a lawyer? ____ Yes ____ No

State as to each application the date, the name and complete address of the authority to whom it was addressed, and the disposition made with the reasons therefor; state as to each examination the date and whether successful or unsuccessful.

Name, Address and Zip Code of
Licensing Authority

Type of License

Date

Disposition

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9. State all colleges and universities enrolled in or attended. Account for any withdrawals and/or gaps in attendance. Provide exact dates if attendance is not continuous. **Include all schools that will appear on your transcripts (summer schools, foreign study, technical schools, College Level Examination Program (CLEP), etc.).** If any education included foreign study offered or sponsored by the institution you report below, so state.

(a) LEGAL EDUCATION

(1)	<hr/> School	<hr/> Name of Degree
	<hr/> Location	<hr/> Date Degree Conferred or Expected (Mo/Yr)
	<hr/> Dates of Attendance (month and year) From To	

(2)	<hr/> School	<hr/> Name of Degree
	<hr/> Location	<hr/> Date Degree Conferred or Expected (Mo/Yr)
	<hr/> Dates of Attendance (month and year) From To	

(b) ASSOCIATE, UNDERGRADUATE, GRADUATE, MEDICAL, SUMMER STUDIES, ETC. (OTHER THAN LAW)

(1)	<hr/> School	<hr/> Name of Degree
	<hr/> Location	<hr/> Date Degree Conferred or Expected (Mo/Yr)
	<hr/> Dates of Attendance (month and year) From To	

(2)	<hr/> School	<hr/> Name of Degree
	<hr/> Location	<hr/> Date Degree Conferred or Expected (Mo/Yr)
	<hr/> Dates of Attendance (month and year) From To	

(3)	<hr/> School	<hr/> Name of Degree
	<hr/> Location	<hr/> Date Degree Conferred or Expected (Mo/Yr)
	<hr/> Dates of Attendance (month and year) From To	

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10. State every address where you actually lived during the last ten years, including school, foreign and summer addresses. Explain any gaps and overlaps. **List your current address first.**

___Check here if additional addresses are listed on an attached sheet.

<u>City and State</u>	<u>Address</u>	<u>Zip Code</u>	<u>From</u> <u>(Mo/Yr)</u>	<u>To</u> <u>(Mo/Yr)</u>
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11. With respect to your legal career as a licensed attorney, list all employment, including temporary or part-time employment and self-employment, since your first admission to practice in any jurisdiction. If any employment listed below occurred in a jurisdiction in which you were not admitted to practice law while you were employed, attach an explanation which cites the authority for such work in a jurisdiction where not admitted. If you have had a gap in your legal employment history that exceeds three months, attach an explanation. (*Law clerk employment prior to admission should be reported under Question 12.*)

- List your current or most recent employment first.
- It is essential that you include all street addresses at which you practiced law.
- State as to each the duration (month/year) of practice at each location given.
- For all verifying references, do not use names of family members or names of your employees.
- Do not use as a character reference (see Question 34) the name of a person who appears in Questions 11, 12, and 13 as a verifying reference.

___ **NOT APPLICABLE**

___ Check here if additional employment is listed on an attached sheet, using identical format.

(a) Duration of employment : From _____ To _____
month/year month/year

Name of employer or firm (do not abbreviate):

Address: _____
Street Room or Suite City State Zip

State all positions held and as to each, indicate whether full- or part-time (if part-time, give percentage of full-time equivalency):

Position _____ Full time _____ Part time _____ % _____

Reason you left this job and sought another: _____

Name and address of supervisor. If you were self-employed or if the firm is now defunct, provide the name, job title, and address of a verifying reference **and**, if applicable, all lawyers with whom you shared space:

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Question 11 (continued)

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(b) Duration of employment: From _____ To _____
month/year month/year

Name of employer or firm (do not abbreviate):

Address: _____
Street Room or Suite City State Zip

State all positions held and, as to each, indicate whether full- or part-time (if part-time, give percentage of full-time equivalency):

Position _____ Full time ____ Part time ____ % ____

Reason you left this job and sought another: _____

Name and address of supervisor. If you were self-employed or if the firm is now defunct, provide the name, job title, and address of a verifying reference **and**, if applicable, all lawyers with whom you shared space:

(c) Duration of employment: From _____ To _____
month/year month/year

Name of employer or firm (do not abbreviate):

Address: _____
Street Room or Suite City State Zip

State all positions held and, as to each, indicate whether full- or part-time (if part-time, give percentage of full-time equivalency):

Position _____ Full time ____ Part time ____ % ____

Reason you left this job and sought another: _____

Name and address of supervisor. If you were self-employed or if the firm is now defunct, provide the name, job title, and address of a verifying reference **and**, if applicable, all lawyers with whom you shared space:

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12. List all other **paid employment** you have held within the last ten years that is not included in Question 11. Include temporary or part-time work, such as legal clerkships and summer employment. List most recent employment first. If you have had a gap in your employment record (other than to attend school) that exceeds three months, attach an explanation. For all verifying references, do not use names of family members or names of your employees.

___ **NOT APPLICABLE**

___ Check here if additional employment is listed on an attached sheet, using identical format.

(a) Duration of employment: From _____ To _____
month/year month/year

Name of employer or firm (do not abbreviate):

Work address: _____
Street Room or Suite City State Zip

Nature of business: _____

Position(s) held: _____

Reason you left this job and sought another: _____

Give the name and address of your supervisor or human resources department (where employment may be verified):

(b) Duration of employment: From _____ To _____
month/year month/year

Name of employer or firm (do not abbreviate):

Work address: _____
Street Room or Suite City State Zip

Nature of business: _____

Position(s) held: _____

Reason you left this job and sought another: _____

Give the name and address of your supervisor or human resources department (where employment may be verified):

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13. List any unpaid internships, externships, or volunteer positions you have held for three or more months in duration within the last ten years.

___ **NOT APPLICABLE**

___ Check here if additional information is listed on an attached sheet, using identical format.

(a) Duration of position: From _____ To _____
month/year month/year

Name of agency or organization: _____

Address: _____
Street Room or Suite City State Zip

Position held: _____

Give the name of your supervisor or human resources department (where employment may be verified):

(b) Duration of position: From _____ To _____
month/year month/year

Name of agency or organization: _____

Address: _____
Street Room or Suite City State Zip

Position held: _____

Give the name of your supervisor or human resources department (where employment may be verified):

14. Supply the name and complete address, including zip code, of your future employer and the date your employment will begin, should you be admitted to the practice of law in Wisconsin. If unknown, or if you plan to continue with your present employer, so state.

15. Have you ever served in the Armed Forces? ___ ___
Yes No

If so, complete the Military Service Form (BBE-128)

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YOU ARE REQUIRED TO ANSWER THESE QUESTIONS COMPLETELY, IRRESPECTIVE OF ANY STATUTE, ADMINISTRATIVE RULE, COURT ORDER, OR LEGAL OR ADMINISTRATIVE PROCEEDING EXPUNGING THE INFORMATION, AND IRRESPECTIVE OF ANY ADVICE FROM ANY SOURCE TO THE CONTRARY (INCLUDING LEGAL COUNSEL), THAT SUCH INFORMATION NOT BE DISCLOSED. PROVIDE A 'YES' OR 'NO' RESPONSE FOR EACH QUESTION. IF THE QUESTION DOES NOT APPLY TO YOU, ANSWER 'NO.'

PROVIDE AN EXPLANATION FOR AFFIRMATIVE ANSWERS TO QUESTIONS 16-30 ON PAGE 12.

State the complete facts pertinent to the question to the best of your ability. Include names of people involved, addresses, dates, location, a narrative in your own words detailing the nature of the problem, reasons, disposition, references to court records, etc. Incomplete or vague responses will delay the processing of your application. Untruthful responses and/or omissions may provide a basis on which your admission will be denied.

___Check here if additional information is listed on an attached sheet.

16. ___ ___ (a) Have you ever been the subject of any charges, complaints, or grievances concerning you as an attorney? (Include all allegations of misconduct of which you have been notified on a formal or informal basis by a lawyer disciplinary authority despite the outcome. Include all allegations, charges, complaints, or grievances now pending.)
 Yes No
- ___ ___ (b) Have you ever been disbarred, suspended, reprimanded, admonished, warned, censured, or otherwise disciplined or disqualified as an attorney? (Include private dispositions as well as public.)
 Yes No
- ___ ___ (c) Has it ever been alleged that you engaged in the unlicensed practice of law in any jurisdiction?
 Yes No
17. ___ ___ Are any claims pending or have any been paid by your professional liability carrier(s)?
 Yes No
18. ___ ___ Have you ever been suspended, reprimanded, admonished, warned, censured, terminated, permitted to resign in lieu of termination, or otherwise disciplined in any position, regulated profession, or as a holder of any public office?
 Yes No
19. ___ ___ (a) Have you ever been charged with misconduct, dismissed, dropped, suspended, expelled, asked to withdraw, placed on academic or social probation, or disciplined, or allowed to withdraw to avoid same by a college, university, or law school in any way, or been subject to proceedings before an honor court or council or similar body?
 Yes No
- ___ ___ (b) Are any such issues currently pending?
 Yes No
20. ___ ___ (a) With respect to criminal charges, civil law violations, or local ordinance violations (citation or ticket, omitting parking violations, but including traffic tickets and all moving violations) - have you ever been: arrested, charged, convicted, paid restitution, or served probation in lieu of any of the following: being charged, being prosecuted, or entering a plea (whether a plea of guilty or no contest)? You must disclose each instance however adjudicated, whether or not the charge and the plea or conviction differ, whether arrest, judgment, conviction, or sentence has been withheld or expunged, or the record sealed.
 Yes No
- ___ ___ (a) Have you ever been offered or granted immunity to testify in any grand jury proceeding, criminal action, or criminal proceeding?
 Yes No

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21. (a) Have you ever been arrested for, charged with, convicted of, or entered a plea of guilty or no
Yes No contest to a violation that involved driving under the influence of alcohol or drugs?
- (b) Has your driver's license ever been revoked or suspended?
Yes No
22. Have you ever been adjudged bankrupt or insolvent, or are you presently the subject of any such
Yes No proceedings?
23. Has any surety on any bond on which you were the obligor been required to pay any money on your
Yes No behalf?
24. Have you ever been adjudged liable or entered into a settlement agreement in a proceeding
Yes No involving a claim of fraud, conversion, breach of fiduciary duty or legal malpractice, or are any such
proceedings pending?
25. Has any business that you owned, managed, or in which you actively participated in the control or
Yes No management of, ever been charged with fraud, larceny, embezzlement, misappropriation of funds,
misrepresentation, or similar offenses (including conspiracy to conceal, etc.) in any legal
proceeding, civil or criminal, or in bankruptcy?
26. Are you or have you ever been a party to any small claims or civil action? (Omit divorce and
Yes No probate.)
27. Are there any unsatisfied judgments or court orders of continuing effect against you, or are you in
Yes No default in the performance of any court-ordered duty or obligation? (Include orders to pay child
support.)
28. (a) Have you had any debts of \$1,000 or more (including credit cards, charge accounts, and student
Yes No loans) which have been more than 90 days past due within the past three years? **If you answered
'yes' to any part of Question 28, complete a Debts Form (BBE-127) for each debt.**
- (b) Have you **ever** had a credit card or charge account revoked or charged off within the past ten
Yes No years?
- (c) Have you **ever** defaulted on any student loan?
Yes No 2
- (d) Have you **ever** defaulted on any other financial obligation within the past ten years?
Yes No
29. (a) Have you, in a personal or professional capacity, within the last ten years, failed to file any local,
Yes No state or federal income tax return and/or report as required by law?
- (b) Have you, within the last ten years, in a personal or professional capacity, failed to pay any taxes
Yes No pursuant to local, state, or federal law?

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Inquiries Concerning Medical or Substance Abuse Condition or Impairment

Through this application, the Board of Bar Examiners makes inquiry about recent mental and physical health and chemical dependency matters. This information, along with all other information, is treated confidentially by the Board. The Board's purpose in making such inquiries is to determine the current fitness of an applicant to practice law. The mere fact of treatment for medical conditions or impairments or chemical dependencies is never, in itself, a basis on which an applicant is ordinarily denied admission, and the Board routinely certifies for admission individuals who have demonstrated personal responsibility and maturity in dealing with these issues. The Board supports and encourages applicants who may benefit from assistance to seek it. The Board has, on occasion, denied certification to applicants whose ability to function was impaired in a manner relevant to the practice of law at the time that the licensing decision was made.

The Board usually does not seek information about therapy that is fairly characterized as stress counseling, domestic counseling, grief counseling, or eating or sleeping disorder counseling, as these are generally not viewed as germane to the issue of whether an applicant is qualified to practice law.

The Board seeks medical records sparingly and judiciously, and treats such information sensitively and confidentially.

30. ☐ Yes ☐ No Within the past five years have you ever raised any of the following:
- consumption of drugs,
 - consumption of alcohol,
 - physical illness,
 - mental, emotional, nervous or behavioral disorder,
- as an explanation for your failure to meet a deadline or as a defense, mitigation or explanation for your actions in the course of any
- administrative or judicial proceeding or investigation,
 - inquiry or other proceeding,
 - proposed termination or other disciplinary action,
- or as an explanation for your poor academic or professional performance?
31. ☐ Yes ☐ No Within the past five years, have you been diagnosed and or treated for dependency upon any drug, including alcohol, or been compelled to submit to an assessment or screening for same?
32. ☐ Yes ☐ No Do you have any medical condition or impairment that impairs your ability to practice law?
- "Medical condition or impairment" means any physiological, mental or psychological condition, impairment, or disorder, including drug addiction and alcoholism.
- "Ability to practice law" is to be construed to include the following:
- The cognitive capacity to undertake fundamental lawyering skills such as problem solving, legal analysis and reasoning, legal research, factual investigation, organization and management of legal work, making appropriate reasoned legal judgments, and recognizing and resolving ethical dilemmas, for example;
 - The ability to communicate legal judgments and legal information to clients, other attorneys, judicial and regulatory authorities, with or without the use of aids or devices; and
 - The capability to perform legal tasks in a timely manner.
33. ☐ Yes ☐ No Are you presently taking any prescribed psychotropic medication?

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GIVE FULL DETAILS for affirmative responses to QUESTIONS 16 - 33 in the space provided below. If your answer to **Questions 31, 32, or 33** is affirmative, complete a medical or Substance Abuse Condition or Impairment Form (BBE-126).

State the complete facts pertinent to the question to the best of your ability. Include names of people involved, addresses, dates, location, a narrative in your own words detailing the nature of the problem, reasons, disposition, references to court records, etc. Incomplete or vague responses will delay the processing of your application. Untruthful responses and/or omissions may provide a basis on which your admission will be denied.

___Check here if additional information is listed on an attached sheet.

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34. **ALL APPLICANTS** -- State the names and addresses of six persons with whom you are personally acquainted and who you have known for at least one year, other than those referred to in your answers to Questions 11, 12, and 13 and not including any family members, nor in-laws, nor fiancé/fiancée.

Applicants for a Character and Fitness Certification (Diploma Privilege) -- Include the name of at least one fellow student at the institution that conferred your J.D. degree, and identify same under relationship.

Applicants for Bar Examination -- Include the name of one law professor at the institution that conferred your J.D. degree.

Applicants for Admission on Proof of Practice -- Include the names of one judge, three attorneys, and two clients. You may substitute an attorney for a judge or client reference if you have no contact with judges and/or clients in your practice. You must explain the substitution in writing.

Name:_____

Address:_____

City State Zip

Name:_____

Address:_____

City State Zip

Name:_____

Address:_____

City State Zip

Name:_____

Address:_____

City State Zip

Name:_____

Address:_____

City State Zip

Name:_____

Address:_____

City State Zip

Occupation:_____

Telephone:_____

Years Known:_____

Relationship:_____

Occupation:_____

Telephone:_____

Years Known:_____

Relationship:_____

Occupation:_____

Telephone:_____

Years Known:_____

Relationship:_____

Occupation:_____

Telephone:_____

Years Known:_____

Relationship:_____

Occupation:_____

Telephone:_____

Years Known:_____

Relationship:_____

Occupation:_____

Telephone:_____

Years Known:_____

Relationship:_____

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35. Read and copy the following paragraphs verbatim in your usual handwriting in the lined space provided immediately below. Any written alterations to these paragraphs will not diminish your responsibility to fully understand and comply with the printed text. (If you are unable to complete this section without assistance, it will be necessary for you and the person assisting you to sign a statement verifying that you have read these paragraphs or have had them read to you.)

I hereby acknowledge that this application is a continuing application and that I have an obligation to keep the responses to the questions herein current, correct, and complete by the timely filing of an Amendment to Application (form provided upon request) until the date of Board certification. I agree to notify the Board of Bar Examiners immediately in writing of any changes with respect to the information hereby given.

I further acknowledge that any false, misleading, or evasive response on this application is inconsistent with the truthfulness and candor required of a practicing attorney and may be grounds for a finding by the Board of a lack of the requisite character and fitness for admission to the bar.

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Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
MADISON, WI 53703-3328
TELEPHONE: (608) 266-9760

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- THIS APPLICATION MUST BE **SIGNED AND NOTARIZED BELOW**.
 - APPLICATIONS WILL NOT BE FILED UNTIL PAYMENT IN PROPER FORM IS RECEIVED.
 - TWO (2) NOTARIZED ORIGINAL AND UNALTERED AUTHORIZATION AND RELEASE FORMS MUST ACCOMPANY THIS APPLICATION.
 - FACSIMILE TRANSMISSIONS WILL NOT BE FILED.
-

STATE OF _____)
) SS
COUNTY OF _____)

I, _____, being first duly sworn, on oath depose and say that I
applicant name
have read, or have had read to me, the foregoing application and that the information contained herein is true, correct, and complete.

Signature of Applicant

Subscribed and Sworn to before me this ____ day
of _____, _____.

Notary Seal or Stamp

Notary Public* (Print and sign name)

My commission: ____ expires _____.
____ is permanent.

*A notarial seal or stamp is required

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